

2024 PREV-13

Statin Therapy for the Prevention and Treatment of CVD

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Statin Therapy and Cardiovascular Disease



Cardiovascular disease is the leading cause of death in the United States.



It is estimated that 92.1 million American adults have one or more types of cardiovascular disease.



Moderate- High statin therapy can reduce the relative risk of major vascular events by 20-30% in patients with cardiovascular disease



Cardiovascular disease (CVD) is the leading cause of morbidity and death in the US and is the cause of more than 1 of every 4 deaths. Coronary heart disease is the single leading cause of death and accounts for 43% of deaths attributable to CVD in the US. In 2019, an estimated 558 000 deaths were caused by coronary heart disease and 109 000 deaths were caused by ischemic stroke.



Measure Description

Percentage of the following patients - all considered at high risk of cardiovascular events - who were prescribed or were on statin therapy during the current performance year for one of the following:

- All patients who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD), including an ASCVD procedure
- Patients aged >= 20 years who have ever had a low-density lipoprotein cholesterol (LDL-C) level >= 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia
- Patients aged 40-75 years with a diagnosis of type 1 or type 2 diabetes



All patients with ASCVD >= 20 years with LDL >=190 or with familiar hx of hypercholesterolemia 40-75yrs with Type 1 or Type 2 Diabetes



Prescribed or were on statin therapy during the current performance year

Measure Steward: CMS Web Interface

Exclusions

Required Exclusions

- Patients who are **breastfeeding** at any time during the current performance year
- Patients who have a diagnosis of rhabdomyolysis at any time during the current performance year

Denominator Exceptions

- Patients with statin-associated muscle symptoms or an allergy to statin medication
- Patients with active liver disease or hepatic disease or insufficiency
- Patients with end-stage renal disease (ESRD)
- Patients with documentation of a medical reason for not being prescribed statin therapy





Best Practices and Documentation



Documentation Tips

- Statin medication **"samples" provided** to patients can be documented as **"current statin therapy"** if documented in the medication list in health/medical record.
- Documentation of **statin therapy actively being taken or ordered** (prescribed) during the measurement period can be completed during a telehealth encounter

Best Practices

- **Prescription or order does NOT need to be linked to an encounter or visit**; it may be called to the pharmacy.
- Note: (ASCVD) includes: acute coronary syndromes, history of myocardial infarction, stable or unstable angina, coronary or other arterial revascularization, stroke or transient ischemic attack (TIA), peripheral arterial disease of atherosclerotic origin



Other Quality Measures Tied to PREV-13



CAHPS: Care Coordination

Care Coordination (CC):

Did you personal doctor:

- Have your medical records or other information about your care?
- Follow up to give you test results as soon as you needed them?
- Talk with you about all the prescription medications you were taking?
- Manage your care among different providers and services?
- Seem informed and up-to-date about the care you received from specialists?

CAHPS: Access to Care

Getting Needed Care (GNC):

- How easy was it to get care, tests or treatment you needed?
- How easy was it to get appointments with specialists?

<u>Getting Appointments and Care Quickly</u> (GCQ):

- How often were you able to get care as soon as you needed?
- How often were you able to get appointments for routine care at a doctor's office as soon as you needed?
- How often were you able to see the person you came to see within 15 minutes of your appointment time?



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